CLAIMS ONLY

Application Number	Filing Date
10027220	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2	cancel						52						
3							53						
4							54						
5							55						
6							56						
7							57						
8	cancel						58						
9							59						
10	cancel						60						
11							61						
12							62						
13							63						
14	cancel						64						
15							65						
16	cancel						66						
17							67						
18							68						
19	cancel						69						
20							70						
21	cancel						71						
22							72						
23	cancel						73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	6						Total Indep						
Total Depend	9						Total Depend						
Total Claims	15						Total Claims						